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# Developing team resilience to prevent burnout in statutory residential care

**Adrian Graham and Campbell Killick**

## **Abstract**

This study reports on the outcomes of 15 semi-structured interviews undertaken with managers employed by one Northern Ireland Health and Social Care Trust within the residential child care sector. The purpose of the research was to explore the concept of 'team resilience' as a method to prevent burnout and compassion fatigue amongst residential social workers and care workers. The findings show that high levels of support already exist, but recruitment, communication, supervision, team meetings, team development, reflective practice, resilient individuals, team ethos and management style are all factors that contribute to team resilience. Teams need to be acknowledged, valued and nurtured to make them more effective and resilient. The more a team spends time together and is permitted to grow together the more resilient it becomes. Strong internal dialogues and communication are key functions to a resilient team that ultimately promotes the quality of care for service users. Developing a team to be internally self-aware, with an ability to embrace change whilst acknowledging individual core strengths, provides a solid foundation for promoting team resilience. The article discusses how trust and a sense of team purpose can contribute to the development of cohesion and resilience.

## **Keywords**

Team resilience, burnout, team development

## **Article history**

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## Introduction

Resilience is recognised as an important psychological factor supporting individuals to deal with adversity (Masten & O'Dougerty Wright, 2010), however, there is little research on the influence of resilience within groups (Bennett, Aden, Broome, Mitchell & Rigdon, 2010, West, Patera & Carsten, 2009). Various studies within residential childcare focus upon the staff team and the importance of good teamwork (Campbell & McLaughlin, 2005, Mainey & Crimmens, 2006). Stress within the residential social work setting has been shown to cause burnout (Seti, 2008) and the secondary trauma of 'compassion fatigue' (Maslach & Jackson 1982, Figley 1995a, 1995b, 1998a, 1998b, 1999, 2002a, 2002b, Pearlman & Saakvitne, 1995) yet research to date has been somewhat inconclusive for providing solutions to these problems and has failed to make the connection of the importance of team resilience as an important factor for developing coping strategies. The focus has been mainly upon the individual excluding the importance of the team as a whole, where research would suggest that 'teams which display the ability to either thrive under high liability situations, improvise and adapt to significant change or stress...are less likely to experience the potentially damaging effects of threatening situations' (Morgan, Fletcher & Sarkar, 2013).

## Literature Review

Research regarding resilience has long looked at individual resilience, however, recent studies within the realms of sport and business have undertaken the challenge to delve deeper into this concept and look at it from a team perspective (Alliger, Cerasoli, Tannenbaum & Vessey, 2015, Holt & Hogg, 2002; Nicholls, Levy, Taylor & Cobley, 2007; Noblett & Gifford, 2002). Workers do not often operate in isolation and therefore all aspects including overcoming stress should operate to a large extent from a team perspective. Recent research has started to explore the concept of team resilience and an understanding has formed in the realisation of how groups can overcome adversity in the workplace as a team approach. (Bennett et al., 2010; West et al., 2009).

Over the past 30 years, research suggests that the concept of 'team work' and the importance of understanding the 'team perspective' within the workplace has grown. The world of business and sports place key importance upon aspects such as team building and training days and therefore the concept of team resilience training is gaining momentum as a way to supporting workers and strengthening the workforce, in turn providing better outcomes for clients or service users. Interestingly, research suggests that 'assembling a group of resilient individuals will not necessarily yield a resilient team', (Alliger et al., 2015) therefore highlighting the importance of building a separate concept of team resilience aside from the individual level (Alliger et al., 2015, Morgan et al., 2013).

A resilient team can work more successfully together to delegate responsibilities in order to manage the more pressing concern (Meneghel, Salanova & Martinex, 2014). Members of a resilient team are more likely to support each other making for more successful outcomes. In order to manage stress, it is understood that resilient team members will be more willing to seek guidance, therefore being able to manage the situation to the best of their abilities. Individuals working alone may feel trapped or further stressed if placed in situations they feel unable or ill equipped to deal with (Alliger et al., 2015). Research suggests that resilient teams are better equipped to respond to stress than individuals working on their own, or even those within a team who do not feel united (Meneghel et al., 2014, Alliger et al., 2015, Morgan et al., 2013).

Kahn (2005) acknowledged that resilient teams can be developed by having a shared set of beliefs, however, these are rarely spoken about and need to be explored further. He also highlighted that the communication of emotions promoted greater resilience and generated safety thus improving better team functioning (p.180).

## **Method**

Fifteen managers of Residential Child Care settings agreed to a semi-structured interview to explore the concept of team resilience and their individual perceptions and thoughts around how their teams could become more resilient.

The interviews explored times when teams were working in a positive and constructive manner and were able to manage conflict and recover from adversity. Interviews were transcribed and analysed to identify key themes. A five-stage approach to thematic analysis was used as described by Braun and Clarke (2006):

- listening;
- transcription;
- coding;
- identifying themes;
- refining themes.

## **Findings**

The 15 managers included in the study represented 68% of this grade of staff working in children's services. Residential settings included short and long term children's home, secure accommodation and intensive support homes.

Interviews were transcribed and thematic analysis was used to identify key concepts and areas of agreement. By the fourteenth and fifteenth interviews no new themes were identified and data saturation was deemed to have been achieved. The themes identified were categorised under team management and individual factors.

## **Team factors**

### **Recruitment**

The initial recruitment of staff into the posts was widely discussed in 14 interviews (93%). Finding an appropriate candidate for the job was central to process of helping teams to function well.

Are we always going to get the right people, no not always, but perhaps we could get people who have thought about it a bit more before they apply (Elaine);

Links were made about the interview process and the training and inclusion of a suitable service user being on the interview panel. There was significant discussion in the interviews (80%) of potential applicants applying for jobs after leaving university with little to no experience within the immediate setting. Information days, opportunities to shadow existing staff and probationary periods were identified as ways in which the best staff candidates could be recruited and initiated into teams.

A mixed skills base of workers was valued, but managers prioritised finding workers who are passionate about working with the client group and creating positive change in the lives of young people.

### **Team Ethos / Positivity**

Having a strong sense of 'team ethos' was central to making teams function to a greater level and promotes resilience and was discussed in 13 interviews. Having a shared belief in the work and a team aim or objective was central to functionality and the setting of realistic goals. The importance of implementing a realistic mission statement was deemed as a resilient factor. This was completed as part of the implementation process of a therapeutic model within the homes, however, it was felt that this should be reviewed and discussed more frequently. The ethos of a team working in residential child care should 'be with a strong foundation...based on trust...with the ability to be adaptable to change...based on the specific needs of the service users' (Jeff).

Nine managers suggested a correlation between trust and how long a team has been together. The teams who have been together longer appear to have stronger links and a foundation of trust which has developed over time. 'Building trust can take a while...teams need to learn to grow together and every person in the team needs to respect

each other' (Tim), however, this can prove problematic when conflict arises.

## **Team Meetings**

Team meetings are the only dependable meeting that gather most staff together in the same room and was mentioned by all 15 interviewees. Emphasis was placed on occasions when team meetings are cancelled or rescheduled depending on circumstances within the home. It is on these occasions that 'splitting' and 'fragmentation' may appear within the team and causing friction that could be mirrored in service users' behaviours. Managers shared their frustrations that not all workers could be present at the team meetings which diluted levels of engagement and inclusivity from all members.

The findings highlight that it is important for staff teams to continually evaluate what they do, and the way they work together. Strong emphasis was placed on the need to collectively make decisions based on the needs of the young people and develop a plan of how the staff team will attempt to manage this. Ten managers identified that having psychological input from clinical psychologists was important to team resilience and working well together:

sometimes we get stuck doing the same things...parallel process... and we need encouragement to think differently and come up with new ideas... (psychologist name) helps us see things differently and encourages us to think of new ideas, be more creative (Lorna).

## **Team Development**

There was a perceived link between levels of resilience and teams gathering together for developmental activities and was mentioned in all 15 interviews. Although managers emphasised the difficulty for scheduling this due to pressures within the environment and managing the home, there was a strong sense of positivity that resulted from team building exercises. Teams growing together and learning together was a central concept that featured throughout the study. The findings highlighted that there was little to no discussion about



teams training and developing together. On occasions it was felt that positivity was generated when members of different teams meet up during the year at different training events and heard about how other homes were managing. There was a strong sense that staff and teams may feel less isolated when they acknowledge that other teams may be dealing with similar circumstances. However managers also acknowledged that if teams trained together then they may get to know each other better and perhaps there would be less resistance to change.

Socialisation of teams and involving teams in activities that placed value and importance on them as a team proved extremely beneficial:

Some of the teams have really embraced this concept...the team leader has brought them to relaxation classes and sent them out to lunch together (Elaine);

This created a strong sense of 'being valued' as a team.

I have explored alternatives therapies for the staff team, to help promote mindfulness and relaxation and will use these in the future (Lorna).

The evidence highlighted greater working practices and relationships that allowed the staff to support one another through a very difficult and complex time within the environment. Resilient factors increased and relationships with service users improved.

Reading journal articles as a staff team and introducing these to practice was viewed as a positive means to develop practice and was mentioned by three interviewees. It is important to prevent stagnation and promoting team resilience

I know of practices in other countries where teams meet together and share literature with one another. Someone reads an article and it is debated within the team (Alan).

Eight managers saw their role as promoting a culture of learning and development within the team and talked passionately about positive growth and development. The role of team decision making against individual decision making was also identified within the findings. It was felt that strong teams are better at supporting staff who are struggling. Acknowledging this by assisting in the reduction of personal decision making and taking a more collective response was strongly viewed as promoting resilience within the team. This was openly discussed in 11 of the interviews.

Managers recognised that sub groupings occur within the workforce and these friendship groups could have both positive and negative impacts.

My team have a collective rapport with one another and enjoy socialising outside of work, however I have worked in a team with a number of small 'clicks' which was extremely difficult to manage (Lorna).

This had links to teams experiencing less stress, less anxiety, greater communication processes and better ways to resolve both team and interpersonal conflict. A strong supportive internal dialogue within the team was deemed necessary when it came to managing interpersonal conflict between staff members and finding positive ways of resolving these.

## **Team Reflection**

Fourteen managers identified a link between reflective practice and teams working productively and child centred practice. When staff can better understand the needs of the young people then responses are more in line with the needs of the young person. Complexity within the residential environment evolving processes of change requires consideration, coordination and co-operation. Eleven managers stressed the centrality of understanding and responding to the diverse needs of the group of young people being cared for. This included:

- making sense of behaviour;
- making sense of the environment;

- transference and counter-transference;
- the conscious and unconscious process that exist within the world of residential care;
- shared objectives in meeting the needs of the service users;
- minimise disturbances within the home.

The identification of an appropriate forum to implement critical reflection within the home was closely linked to reflective practice with one interviewee stating that:

there is an inherent fear within the home that when staff issues are avoided or not challenged appropriately...destructive patterns start to negatively impact on the work and this creates a lot of resistance (Ivan).

Reflective practice was seen as an excellent way to make sense and dissect any immediate conflict or disturbances that might threatened the stability of the environment.

## **Management Factors**

### **Leadership Style**

Management style was seen as fundamental to the development of team resilience. A management style that recognises the therapeutic needs of young people as well as the individual needs of staff members was crucial. The importance of communication between managers was highlighted as central to the quality of the team and their levels of resilience.

Teams are damaged by poor communication, especially if management are not communicating effectively with their team colleagues (Alan).

The role of team leader is a complex and difficult task requiring leadership on many different levels and expectations on the manager are high. Findings from 14 of the interviews identify that team leaders and deputy team leaders are

expected to know their teams, each staff member's individual capacity, their strengths and weaknesses, what keeps them motivated, what triggers they have and to know when they are on form and when they are struggling. They need to have a strong and solid knowledge base of the most up-to-date research and changes in the system including all the governance arrangements. They should be emotionally intelligent but able to manage the ever present risks, being accountable for the lives of young people. They are expected to be positive, inspirational leaders, strong role models and advocating for the staff team. The findings identify that 11 managers are under considerable burdens with increased paperwork. Ten respondents felt that a healthy balance needed to be made between the leadership and governance functions. Six interviews identified that many homes have one leader who is more in tune with the therapeutic needs within the home whilst the other is more aware of governance arrangements and statutory requirements. This was viewed positive when both roles enhance one another's practice.

Having an open door approach to management was identified as promoting team resilience as mentioned in 12 of the interviews. A relational encouraging approach that recognised how staff members contribute to the greater good was seen as a prerequisite to a resilient team. This could include simply gestures like remembering birthdays and special occasions, anniversaries and personal circumstances for that individual. Assisting in the recovery from crisis, including debriefs, reflective practice and learning, was a highly favourable characteristic of managers and was discussed at length in nine of the interviews. Managing collective disturbances, and placing appropriate measures in a controlled and supportive manner, was also viewed as desirable.

## **Supervision**

We have got better at supervision...we are much better now than we ever were in terms of supporting staff (Alan).

Supervision was identified as a positive way to promote team resilience and was mentioned in all 15 interviews. It provided an opportunity for staff to reflect on the positive and challenging aspects of the work within a trauma aware climate.

Increasingly, staff use supervision to discuss personal concerns and their impact on work.

I'm not sure whether staff have changed or whether just humans have changed over the years and we have more casualties because of life (Annette).

Findings suggest that the manager is more likely to hear about family problems, relationship difficulties, marriage problems and previous traumas. Managers feel the need to be empathetic to the personal needs whilst upholding the core values of the work and the need to provide high levels of support and care to the service users. 'Team leaders and deputies can't be all things to everybody' and 'getting the right input for staff at the right time to make them feel valued is essential' (Michaela),

Early detection of excessive stress and intervention is described as an essential task and therapeutic or clinical supervision was identified as the best way to provide that level of emotional support to help promote resilience. The findings from nine interviews identify that if staff feel valued and their personal, spiritual and emotional needs are recognised, there is a high probability that they will feel able to respond to young people in a similar manner.

## **Communication**

Communication was central to all other identified themes and it was mentioned in all interviews. Having effective, structured, supportive and honest communication was seen as the 'veins' within the organisation. It was emphasised that there was a potential link between young people's feelings of safety and the quality of organisational communication.

When communication breaks down then rumours appear in the homes (Tim).

The process of sharing knowledge was viewed as central to the development of team resilience allowing staff to feel:

...appreciated, listened to and treated with respect and dignity  
(Alan).

Ten managers recognised that staff teams make sense of their environment and the events that unfold through internal, informal communication. Ordinarily these are positive, however, whenever certain stresses impact on a team who cannot make sense of certain behaviours, this 'may lead the team to think more negatively and respond more punitively' (Alan).

Communication within residential child care can be complex and on some occasions difficult to manage and co-ordinate and may lead to a reduction of resilience. Management of the multi-interdependent relationships between staff and young people is central to the core functioning of the team and the functionality of the residential home. Breakdowns in communication can have a devastating impact on staff as well as young people which can lead to the creation of an 'us and them' culture. The study identified how staff teams react when they feel like they are 'under threat' from a breakdown in communication. Staff members feel uncertain in themselves, fear that they will be judged or fear being viewed as a 'non-team player'. The process of misinterpreting other staff's views, work, judgement and motives can have a crippling impact to resilience especially when these are allowed to go unresolved or not discussed.

## **Individual Factors**

The initial literature review suggested that resilient individuals did not always result in resilient teams but seven managers felt that having a strong and positive person working within the team was key to the strength of some teams and at times kept teams motivated.

There will always be a team member who other staff look up  
to...they are a good worker and I like working with them (Jeff).

Further exploration identified the concept of 'conscious and unconscious modelling' where staff members try and model their practice on each other. This was directly linked to their internal processing and how they viewed the service user's response to the worker.

Exploration identified key characteristics and features of a positive person within the team who encouraged and strengthened resilience. This included:

- openness and a passion for the improvement of the lives of the service users;
- reflective and understanding of therapeutic processes;
- diverse skills set, ability to remain calm and focused in conflict situations;
- ability to see others point of view and place context around this;
- understanding of the impact of trauma on teams working in residential care;
- ability to be flexible and embrace change, and encourage change;
- integrity and authenticity;
- co-operation with, and inclusion of other staff members.

Interestingly, there was little consensus on the relevance of experience. In certain homes those staff members with the most experience acted as the 'cement of the home', whilst in other homes they produced a 'number of conflictual and negative aspects to the team'. The uniqueness and personality of the individual was key, irrespective of the length of time they have worked within the environment.

## **Discussion**

Recent figures (Department of Health, 2016) suggest that there are 2,213 children in Northern Ireland who have been in 'looked after' placements for 12 months or longer. Of these approximately 6% live in some form of residential child care setting. It is recognised that this cohort of young people have often experienced disadvantage and adversity. As a result they can have complex needs and require the support of skilled staff. Residential care work can be challenging and at times distressing. Northern Ireland like other countries experiences a high turnover of staff. Recent strategy has included a commitment to:

Securing earlier permanence and stability for children and young people in care and enabling them to build positive and supportive relationships; extending placement options; strengthening support for care givers; providing more effective regional specialist services; reconfiguring the skill-mix in residential care; providing effective interventions to deal with particular challenges including: substance misuse, poor mental health and emotional well-being outcomes; criminalisation and poor educational outcomes (Department of Health, 2018, p.14).

This study provides the perceptions of managers in relation to the important and under researched theme of team resilience. The respondent group did not include residential social workers who work alongside the service users but the findings provide a valuable insight into the functioning of teams within this setting. The managers identified a number of key elements within the teams that contributed to positive growth and change as well as an ability to manage conflicts within the environment. These included organisational processes including team meetings, reflective practice and supervision; however, the impact of such processes was not clearly described. Staff shared a deep sense of awareness of the needs of the service users and a desire to promote positive change, which needs to be central to all activity.

The promotion of team cohesion was evident throughout the findings and the desire to have teams functioning and responding effectively. Team development and team training were closely linked to this notion, however, it was alarming to see how underused they are within the homes. Managers recognised the team positivity that results from team development days, however, acknowledged that they may only happen once or maybe twice a year. Greater emphasis was placed on the value they bring to the teams levels of resilience. Menehel et al. (2014) explored the concept of collective positive emotions at work and team resilience. Team development and team building must aim to promote the unity of the team as well as promote trust, respect and ultimately enjoyment. The findings found clear links of positivity and resilience from teams that were 'nurtured' and 'looked after'. Teams who had collectively experienced time away or breaks from the environment and where immersed in doing fun activities, co-ordinated themselves better and developed stronger resilient bonds. Introducing



holistic therapies within teams, including massage, reflexology, mediation and Reiki could support many aspects of the findings. This was acknowledged as an interesting way to assist in reducing team stressors and promote positive and fun engagement amongst team members. The exploration of team responses and effective ways of reducing team stress through the use of ongoing holistic or any other alternative therapies could be explored further in research. This is closely linked to the findings in literature that identified the need to manage stressful and difficult situations with coherent responses in a team cohesive manner (Meneghel et al., 2014; Alliger et al., 2015; Morgan et al., 2013).

Contrary to the findings of the literature review, managers emphasised the value of resilient individuals working within teams. It seems that individual resilience and team resilience are different but interrelated. More in-depth analysis of the relationship between these two factors is required. Recruitment is an essential part of the process for identifying and employing the right person for the job. Findings identify that having a person who is not suited to the team may have a crippling affect to the milieu of the team. Careful consideration should be taken before employing someone into a team, exploring aspects including motivation, understanding of the role, and team processes. The characteristics and personality of the person entering the environment should be scrutinised to provide the appropriate make up for the team and the service users and every effort should be made to protect the team throughout this process. It was acknowledged that introducing agency staff to cover gaps within the home may not necessarily be the best response. It is evident that getting the right person is again fundamental. Suggestions included the introduction of information sessions for 'would-be' employees who could make a conscious and formal decision to enter the team work experience and work alongside traumatised service users. Including service users on the interview and making appropriate use of the probationary period could help identify an appropriate person to the post. However this would require assistance through HR processes and protocol and awareness needs to be made about the potential impact that the internal transferring of staff can have on the homes. Although not directly supporting this principal finding it does have some relevance to the literature from Alliger et al. (2015) who highlighted that resilient team members within a team are more

likely to request assistance. This was further emphasised by Meneghel et al. (2014) who stated that resilient team members who ask for assistance have a positive impact on maximising team capabilities for the greater good of the team.

Emphasis was placed upon the character and the nature of the staff member within the residential environment and their ability to remain positive and promote positivity within the team. The findings would suggest that irrespective of the length of time you have worked in the environment, managing your mental health and making sense of the environment was fundamental. The research highlighted that staff members who have worked within the environment for an extensive amount of time who find difficulty in remaining positive may be suffering from burnout or compassion fatigue. This was acknowledged as a sensitive issue that requires appropriate and effective management and can lead to feelings of fear and frustration. It would be important that guidance is provided for the safe and effective management of this process which upholds respect and dignity to the individual.

Members of a resilient team are more likely to provide back up and assistance to one another (Meneghel et al., 2014). The findings did highlight that there are strong elements of resilience within certain teams within the sector. It was unclear if these were professionally developed factors, traits that had happened due to the length of time the team had already been established or had happened through chance or coincidence. In many instances findings identified that teams support each other through team meetings, reflective days and group supervision and with increased involvement from therapeutic support services. The importance and validity of these meetings cannot be underestimated and was acknowledged throughout all interviews. They play a vital role in bringing staff together. It is in the 'togetherness' that strengthens bonds of trust and respect. When trust and respect is created and nurtured in all relationships throughout the team then true team resilience could be created. As the literature review identified, to mend from stress, resilient teams are better able, rather than individuals on their own (Meneghel et al., 2014; Alliger et al., 2015; Morgan et al., 2013).

The role of reflective practice within residential child care should become part of the ethos of the homes. This should be done on an ongoing basis, as creating the ability to withstand, overcome and recover from challenges is at the core of resilience. The findings clearly make links between reflective practice and changes to team thinking. This is in the infancy stages within the homes and more emphasis should be placed upon it. It was emphasised that having all staff invest fully in the reflective elements of the team is a tall order and has been a challenge for many managers. It was acknowledged that the role of the facilitator is extremely important to promote inclusiveness. It is within the process of sharing and valuing individual interpretation on a given event that promotes resilience within the team. When each member feels supported and respected and comfortable in being constructively challenged by their peers that true changes could happen. This supports the literature around teams and their ability to overcome complex situations: when individuals feel a combined resilience from within a team, then positive changes can happen (Tugade & Fredrickson, 2004).

The importance of management and the management role was evident from the findings within the study. The role of team leader and deputy team leader and the formation of this unique relationship is central to the running of a residential child care home. So much hinges on the quality of this relationship. Research needs to be undertaken to dissect this role and identify key features of what creates a good partnership. The research identified that the leadership role within residential child care has so many demands and expectations. There are many aspects and requirements that are expected from one person that it would be extremely difficult to find someone who is able to 'be all things to all people'. Similar to the process of recruitment within the homes, specific attention needs to be placed on finding the right person for the role, complimentary to the needs of the home. Staff look to leadership for answers and place high expectations on this role. Findings identified that the relationships and bonds between staff and leadership is something that needs further exploration as this reciprocal relationship is critical to the functioning of the home. This was closely linked to the literature findings on Gittel, Cameron, Lim and Rivas (2006) and Kahn (2005) who acknowledged that resilience needs to be an organisational

construct. Teams will develop greater resilience when they are supported within a resilient organisational framework.

The findings within the study highlighted the need for teams to grow and develop together. It was highlighted that team training days should become a central part of the fabric of the home. It may not be necessary to have all training events targeted at all team members at the same time, however, core training that is specific to team development and permits staff members to scrutinise their own practice should become a requirement for all homes. Training of a therapeutic nature should become a team training day in order for all members to learn and grow together. Developing specific skills within certain individuals doing specialist training should be shared as part of a team process. Promoting an environment that encourages learning for all its members should be a strong characteristic of all teams. Assisting staff that show resistance to any level of training should be challenged by all members within that team. The findings identify that training is undertaken more so from an individual basis and rarely as a team response. This was linked to managers safely managing homes and maintaining high standards of practice and the difficulties associated with removing primary workers from the environment. This is strongly linked to the literature findings that had identified that teams learning together was critical to creating the overall characteristic of collective efficacy and resilience (Morgan et al., 2013; Hill, Atnas, Ryan, Ashby & Winnington, 2010; Lengnick-Hall, Beck & Lengnick-Hall, 2011). This strengthened bonds between members and had prepared teams to deal with complex and challenging situations.

The concept of team resilience has not been explored in residential child care homes or within any other care facility, and themes specific to these settings became apparent in this study. The residential home is a complex and challenging environment for service users, staff, and managers, as each endeavours to make sense of their role and establish an identity.

The development of a 'strong internal dialogue' was found to be a crucial aspect of team resilience that was not found within the literature. This could help explain the differences between making a pre-existing team more resilient compared to bringing people together to formulate a team. The research

identified that within the realms of residential child care and the high number of children living in the same environment the 'communication' needs to be ongoing and accurate. Dialogue between staff members is key to the safe functioning of the home. When change-overs in staff happens up to three or four times daily, then breakdown in communication is highly likely. Greater emphasis needs to be placed on the importance of true and accurate communication on an ongoing basis and promoting ways that this can be strengthened. Communication happens on many different levels throughout the threads of the team. This level of dialogue is specific and unique to the environment and adds an added layer of complexity; ways to make this improve and work could promote resilience within the team.

The study identified that there is already a high level of support both for individuals and for teams. Much of this was based on the implementation of a number of therapeutic models being introduced to the environment. However, findings suggested that not all staff members may be suited to the new styles of working and could be resistant to this change. Findings also acknowledged that individuals may be suffering from the impact of working within a trauma focused environment and may need additional support to manage personal and/or environmental concerns. These are areas that need to be further explored and managed to assist in the process of team resilience.

## **Conclusions and Recommendations**

This study has sought to investigate the concept of 'team resilience' as described by managers responsible for Children's Homes within the local Trust area. The study found that there are many layers to this process and there is no immediate panacea to this phenomenon.

Elements of the study were consistent with the extremely limited research on team resilience, and it could be argued that this study only managed to 'scratch the surface' in terms of highlighting team resilience. The study identified nine key themes:

- recruitment;
- communication;

- supervision;
- team meetings;
- team development / training;
- reflective practice;
- resilient individuals;
- team ethos / positivity;
- management style and leadership.

There is a very strong correlation between teams and their influence in creating positive change within the lives of young people in residential care. The make-up, nurturing, and looking after of teams is a complex and challenging experience that requires time, patience, and dedication.

Getting the right person for the job is essential for the safe running of a residential child care home and having a positive impact on the environment. Creating a strong internal dialogue of communication is paramount for the smooth running of the team and promoting resilience levels throughout. Supervision is the only consistent time a staff member and manager can meet together and the value of this cannot be underestimated. Team meetings are powerful places that staff members can exchange ideas and discuss team concerns.

Team development and training days should become a much stronger focus with the teams as a beneficial tool in promoting resilience. Reflective Practice needs to be embraced fully and used regularly and consistently in order to affect positive changes within teams.

The concept of resilient individuals within teams is a strong theme that needs much further investigation. Exploring the personal construct of significant people working within the residential child care homes would benefit all aspects including recruitment. Having a team ethos and a belief in the work that is undertaken is key in developing levels of resilience within teams.

Management and leadership are central to the smooth running of residential child care homes and developing team resilience. The construct in relationship between the team leader and deputy team leader should be prioritised for future research.

The implementation of team resilience should be essential for all teams working in residential child care and arguably for all other teams within the care sector. Caring and nurturing for teams will make them grow positively and will encourage development. This is the expectation placed on staff when managing the Looked after Children's population so leading by example should be the priority.

## **Recommendations**

There are a number of recommendations that should be considered from this study.

1. Further research needs to be completed on the subject of team resilience with specific emphasis being placed on the personal construct of the person entering residential child care system.
2. Team development days need to be a regular and ongoing event within the calendar.
3. Supervision needs to embrace aspects of clinical and therapeutic input.
4. Reflection should become an ongoing experience for the team to assist in the management of the environment.

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